MEDICAL RESPONSE TO A MULTI-CASUALTY INCIDENT

PURPOSE

To provide a written guideline to assist EMS personnel in determining if a multi-casualty incident exists, and to provide general guidelines in handling the incident consistent with the Incident Command System (ICS).

DEFINITIONS

Multi-Casualty Incident: Any incident where EMS personnel and equipment are not adequate to care for all victims.

S.T.A.R.T.: Acronym for simple triage and rapid transport. The S.T.A.R.T. system allows first responders to triage patients in sixty (60) seconds or less, based on three physical assessments; ventilation, perfusion and mental status. This is the initial triage system that has been adopted for use by the ICEMA regions.

Deceased: No ventilations present even after attempting to position airway.

Immediate: Ventilation is present only after positioning the airway.

Or **Respirations** over 30 per minute
Or **Pulse** absent and Cap refill over 2 seconds
Or **Mental Status** patient fails to follow simple commands.

Delayed: Any patient who does not fit the Immediate Category nor the minor category.

Minor: These patients are separated from the general group at the start of the triage by requesting those who can walk to go to an assigned area

Incident Command System (ICS): Developed by Firescope, a basic expandable organization system for handling emergencies beyond the capabilities of an initial resource response.

Incident Commander (IC): Individual responsible for the overall management of the incident.

Triage: The continuous screening and classification of sick and injured victims.

Triage Tag: A tag used by triage personnel to identify and document the patients' medical condition.

REDDINET: A communications system within San Bernardino County linking COMM Center and medical facilities during an MCI providing for rapid patient assignments to appropriate facilities.

Coordinating Facility: The coordinating facility will alert regional hospitals and coordinate victim transportation so that no single hospital is overloaded. The following communications centers have been identified as the primary resources for coordinating multiple casualty incidents in their respective counties:

1. San Bernardino County – COMM Center
2. Inyo County – To be announced
3. Mono County – To be announced

PROCEDURE

Operational Principles for Prehospital Personnel

1. First arriving resource with the appropriate communications ability shall report to or establish an Incident Command and remain in control until relieved by the jurisdictional authority.
2. The IC will assign the first available resource with appropriate communications ability to establish communications with the Coordinating Facility and the next arriving resources should become triage personnel.
3. Patients are triaged according to S.T.A.R.T. system and ICS is implemented according to Firescope,

4. The ICS system is expanded accordingly;
   a. **Reinforced Response Organization**: In addition to the initial response, the Incident Commander designates a Triage Unit Leader, a Treatment Unit Leader, Treatment Teams, and a Ground Ambulance Coordinator.
   b. **Multi Leader Response Organization**: The Incident Commander will establish an Operations Section Chief who will in turn establish a Medical Supply Coordinator, a manager for each treatment category and a Patient Transportation Group Supervisor.
   c. **Multi Group Response:** All positions within the Medical Group and Patient Transportation Group are filled. An Air Operations Branch may be designated to provide coordination between the Air Ambulance Coordinator and the Air Operations Branch. An Extrication Group may be designated to coordinate the extrication of trapped victims.
   d. **Complete Incident Organization**: The Multi Casualty Branch will have three medical divisions (geographically separate) but only one Patient Transportation Group.

Operational System Description (OSD)

The Multi-Casualty organizational module is designed to provide for the necessary supervision and control of essential functions required during an MCI. The primary functions will be directed by the Medical Group Supervisor, if activated (or Operations), who reports to the Multi-Casualty Branch Director, if activated (or I.C.) Resources having direct involvement with patients are supervised or coordinated by one of the functional leaders or coordinators.

The functional positions under the Medical Group Supervisor (Operations) are:

1. Medical Communication Coordinator - (Med Comm): Maintains communications with the Coordinating Facility (Example: S.B. Co. Comm Center). Responsible for reporting location, mechanism, and approximate number of Immediate, delayed and minor patients, requesting hospital availability and determining patient transportation and destination decisions.
2. Triage Unit Leader - Supervises triage personnel, who perform the actual triage of patients. Once triaged, patients are moved to the Treatment Unit, usually via backboard or litters carried by litter bearers.
3. Treatment Unit Leader - Supervises personnel assigned to treat patients in the three treatment areas. Assumes responsibility for treatment, preparation for transport, coordination of Pt. treatment and directs movement of patients to the loading area.
4. Ambulance Coordinator - Manages the Air/Ground Ambulance staging Areas and dispatches ambulances as requested.
5. Patient Transportation Group Supervisor - Responsible for the transportation and ensuring records relating to patient identification, injuries, transportation and destination with Medical Communications Coordinator. Requests ambulances from Ambulance Coordinator.

Operational Procedure

1. The Incident Commander or designee will act as the Medical Communication Coordinator (Med Comm) and contact the Coordinating Facility in their county and report a size-up (including location, mechanism, and approximate number of immediate, delayed, and minor patients.)
2. The Coordinating Facility will alert all Hospitals and Trauma Centers by neighborhood and inventory their casualty capability using REDDINET or other available means.
3. The Treatment Unit Leader will notify Med Comm when a patient is ready for transportation and of any special needs (e.g.: Burns, Pediatrics etc.).
4. Med Comm will consult with the Treatment Unit Leader to group patients for transport.
5. Med Comm will notify the Transportation Unit Leader when a patient or group of patients is ready for transport.

6. The Transportation Group Supervisor will then call for an ambulance or other designated transportation vehicle to respond to the loading area.
7. Med Comm will notify the Coordinating Facility of patient departure and include:
   a. Transport Unit No.
   b. Number of Patients
   c. Disposition of Patients
   d. Destination and ETA
8. The Coordinating Facility will advise the destination hospitals with this information via Reddinet or other approved method. Injuries particularly necessitating respiratory, Neuro, or vascular specialties and any needs for decontamination.
9. Each transporting unit should make contact with the facility designated to receive their patient. This contact should be brief and concise and advise that facility of the following:
   a. Transporting unit number
   b. Age/Sex
   c. Method of Injury
   d. Chief Complaint and injuries that may need specialty services such as: respiratory, neuro, or vascular and need for decontamination
   e. Glascow Coma Scale (GCS)
   f. BP (as available)
   g. Estimated time to arrive

Transportation

1. The Incident Commander will designate an ambulance staging area. Ambulance personnel should stay with their vehicle to facilitate rapid transport unless reassigned by the Incident Commander or his designee.
2. The Patient(s) will move or be moved from the treatment area to the loading area.
3. The Transportation Group Supervisor will copy the information from the triage tag onto a Patient Transportation Log and confirm destination with the ambulance crew
4. The Transportation Group Supervisor will notify Med Comm of patient departure.

Medical Control

1. At the scene of a Multi-Casualty Incident, EMS personnel will operate within ICEMA prior to contact protocols.
2. A paramedic may contact a designated Base Hospital (within San Bernardino County a Trauma Base shall be contacted) with a concise report and request for orders if needed.

Field Documentation

1. The Medical Communications Coordinator is responsible for:
   a. The primary multi-casualty incident O1A form. This will include:
      i. Name and location of incident
      ii. Patient tracking tag/ number for each patient attached, with indication of destination noted (to be received from Treatment Unit Leader or Treatment Dispatch Manager).
   b. O1A documentation of deceased individuals at the incident.
   c. O1A documentation of patients with a chief complaint who refuse treatment and sign a release of liability or AMA
2. The transporting personnel are responsible for an O1A for each patient he/she transports. This will include patient tracking tag/number and will indicate the incident location

Receiving Hospital and Base Hospital Procedures in San Bernardino County

1. All hospitals will notify the Coordinating Facility of their bed availability via Reddinet
2. The Coordinating Facility will notify receiving facilities of patient destinations.
3. A receiving facility may not change the destination of a patient.
4. A Trauma Base Hospital physician may change a patient destination if a patient condition deteriorates.
5. All facilities receiving patients from a MCI will enter the appropriate information into the Reddinet.
6. Coordinating Facility will notify hospitals via Reddinet when all patients have left scene.